INITIAL INFORMATION DATA SHEET

Inventor Information

Inventor One Given Name::

James H.

Family Name::

Wolfston, Jr.

Postal Address Line One::

805 SW Broadway

Postal Address Line Two::

Suite 1600

City::

Portland

State or Province::

OR

Postal or Zip Code::

97205

City of Residence::

West Linn

State or Prov. Of Residence::

OR

County of Residence::

Clackamas

Citizenship Country::

US

Correspondence Information

Correspondent Customer Number::

25,784

Electronic Mail::

mospatents@cs.com

Application Information

Title Line One::

Coordination of Independent Billing And Liquidity

Title Line Two::

Providers to Facilitate Electronic Payments

Total Drawing Sheets::

3

Formal Drawings?::

YES

Application Type::

Utility

Docket Number::

C064

Representative Information

Representative Customer Number::

25,784